

N000696430
Date Filed: 7/20/2015
Jason Kander
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2015

N000696430
S game changers charity fund
EDWARD ROBINSON
721 DUNN ROAD
HAZELWOOD MO 63042

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 721 Dunn Road (Required) STREET <u>hazelwood MO 63042</u> CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.
☐ The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
☐ The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS *	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	
<u>PRESIDENT</u>	jones, gary STREET 721 Dunn raod CITY/STATE/ZIP <u>hazelwood MO 63042</u>	<u>NAME</u>	jones, Gary STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>
<u>SECRETARY</u>	Lee, Bruce STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>	<u>NAME</u>	trull, danny sr STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>
<u>CHAIRMAN</u>	jones, gary STREET 721 Dunn raod CITY/STATE/ZIP <u>hazelwood MO 63042</u>	<u>NAME</u>	lee, bruce STREET 721 dunn road CITY/STATE/ZIP <u>haazelwood MO 63042</u>
		<u>NAME</u>	robinson, edward STREET 721 dunn road CITY/STATE/ZIP <u>hazelwood MO 63042</u>
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here	<u>gary jones</u>	(Required)
Please print name and title of signer:	<u>gary jones</u> / <u>Director</u>	
	NAME TITLE	

REGISTRATION REPORT FEE IS:
___\$10.00 If filed on or before 8/31/2015
___\$15.00 If filed after 9/30/2015

Corporation will be administratively dissolved if report is not filed by 11/29/2016

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): gjones@uaw.net